PART B - FEE(S) TRANSMITTAL

Complete and send this form, together want applicable fee(s), to: Mail Mail Stop ISSU FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required.) Beliefs I through 5 should be completed where appropriate All Infuriter correspondence including the Patent, advance orders and notification or maintenance fees will be mailed to the current correspondence address; indicated unless corrected below or directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

22918	7590 05/0	1/2007							
PERKINS COI P.O. BOX 2168 MENLO PARK	I S au tr	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmital is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimilitansmitted to the USPTO (\$71) 273-2885, on the date indicated below.							
				L					(Depositor's name)
				L					(Signature)
				L					(Date)
APPLICATION NO.	FILING DATE	FILING DATE		FIRST NAMED INVENTOR			ATTORNEY DOCKET NO.		CONFIRMATION NO.
09/943,458	09/943,458 08/30/2001			Dwight D. Weller			50450-8038.US00 9454		
TITLE OF INVENTION	: METHOD FOR ANAI	LYSIS OF OLI	GONUCI	EOTIDE ANALOGS					
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	DUE	PUBLICATION FEE DU	E PREV. I	PREV. PAID ISSUE F		TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700		\$300		\$0		\$1000	08/01/2007
EXAM	ART UNIT		CLASS-SUBCLASS	ASS					
KIM, YO	1637		435-006000	_	,				
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 			ss" (37	2. For printing on the patent front page, list Perkins Coie LLP					
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.				(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorney or agents. If no name is 3					
Address from F10/SB/122) antached. "Fee Address" indication (or "Fee Address" Indication form PT0/SB/47; Rev.03-02 or more recent) attached. Use of a Custome:									
PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
3. ASSIGNEE NAME AT	ND RESIDENCE DATA	TO BE PRIN	TED ON	THE PATENT (print or	type)				
PLEASE NOTE: Unle recordation as set forth	ess an assignee is ident in 37 CFR 3.11. Com	ified below, no	assignee	data will appear on the	patent. If	an assigne	e is id	entified below, the de	ocument has been filed for
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)									
AVI BioPharma, Inc.				4575 S.W. Research Way, Suite 200, Corvallis, OR 97333					
Please check the appropriate assignee category or categories (will not be printed on the patent):									
4a. The following fee(s) a	ra cubmittad:			h Daymont of Foo(s): (B)	ance fluct v	roonniu on		lands noted toma for	. , , , , , , , , , , , , , , , , , , ,
X Issue Fee				4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed.					
Publication Fee (No small entity discount permitted)				Payment by credit card. Form PTO-2038 is attached.					
Advance Order - # of Copies				The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-2207 (enclose an extra copy of this form).					
5. Change in Entity Stat									
	SMALL ENTITY statt			b. Applicant is no lo					
interest as shown by the n	ecords of the United Sta	tes Patent and T	rademarl	of from anyone other than Office.	tne applic	ant; a regis	tered a	ttorney or agent; or th	e assignee or other party in
Authorized Signature / Euk Y. Oh /				Date August 1, 2007					
Typed or printed name Euk Y. Oh				Registration No. 54,345					
This collection of informa an application. Confident submitting the completed this form and/or suggestic Box 1450, Alexandria, Vi Alexandria, Virginia 223	ation is required by 37 C ality is governed by 35 application form to the ons for reducing this bur- ginia 22313-1450. DO 3-1450.	FR 1.311. The U.S.C. 122 and USPTO. Time den, should be NOT SEND F	nformati 37 CFR will vary sent to the EES OR	on is required to obtain o 1.14. This collection is e depending upon the ind e Chief Information Offi COMPLETED FORMS	r retain a be estimated to lividual cas cer, U.S. P TO THIS A	enefit by the take 12 m take 12 m te. Any contained a takent and a ADDRESS	ie publi ninutes nments Fradem . SEND	c which is to file (and to complete, includin on the amount of tin ark Office, U.S. Depa TO: Commissioner f	by the USPTO to process) g gathering, preparing, and ne you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,

PTOL-85 (Rev. 07/06) Approved for use through 04/30/2007.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.